Name in Full: Mary Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Town: Aquasco; County: Prince George's

Date of death: Month: Oct. Day: 18 1904

Age: Years: 40 Months: Days:

Sex: Female

Color or Race: Mulatto

Birthplace: Not Known

Occupation: Housewife

Where Residing ~~if not~~ at place of death: at home

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife~~ Husband: Richard Adams

Father's Name: Meades

Father's Birthplace: Not known

Mother's Maiden Name: Not known

Mother's Birthplace: Not Known

Name of person giving Imformation: Lemuel Douglass

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption & Haemorrhage

How long: 6 months

Immediate: She was dying when I saw her on yesterday

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm A Marbury M.D.

Address: Aquasco Co. Maryland

Accident or Suicide? ~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full Henry Allen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Upper Marlboro — County: P. G.

Date of death 1904 — Month: 10 — Day: 1

Age — Years: 40 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: P. G. Co.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Henson Allen

Father's Name: — Williams — Father's Birthplace: P. G. Co

Mother's Maiden Name: Bessie Williams — Mother's Birthplace: P. G. Co

Name of person giving information: Henson Allen — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Don't know

Immediate: Was sick but week — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: L. A. Gaffett

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU ASSETS

Name in Full: not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Vansville Dist. County: Prince George

Date of death: Month: October Day: 28 1904

Age: Years: one Months: eight Days:

Sex: male

Color or Race:

Birthplace: Vansville Dist

Occupation:

Where Residing if not at place of death:

Married, Single or ~~Widowed~~:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Martha Barton

Mother's Birthplace: Springfield

Name of person giving information: Geo. Barton 179

How related to deceased: Grand father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes

How long: three months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augustus H. Dahler J.P.

Address: Bladensburg Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Joseph D. Beall Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: College Park — County: Prince George

Date of death: Month: Oct. — Day: 1 — 1904

Age: Years: — Months: — Days: 10 hours

Sex: Male — Color or Race: White — Birthplace: College Park

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Joseph D. Beall Sr. — Father's Birthplace: Maryland

Mother's Maiden Name: Lulu May Fowles — Mother's Birthplace: Virginia

Name of person giving information: Joseph D. Beall Sr — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth — How long: 15

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. Patience

Address: Bowie Md

Accident or Suicide? —

LIBRARY BUREAU A88618

Name in Full: Lulu May Beall

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) College Park (County) Prince George

Date of death 1904 Month Oct Day 19

Age Years 24 Months 3 Days 15

Sex Female

Color or Race White

Birthplace Culpepper. Va

Occupation Housewife

Where Residing if not at place of death

Married, ~~Single~~ or Widowed

Name of ~~Widow~~ Husband Joseph Deaver Beall

Father's Name Joseph Henry Gordon

Father's Birthplace Culpepper. Va

Mother's Maiden Name Julia F. Caynor

Mother's Birthplace Fauquier Va

Name of person giving information Joseph D. Beall

How related to deceased Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Endocarditis Ac. Articular Rheumatism

How long 10 weeks

Immediate Mitral Insufficiency

How long 10 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. O. Etienne.

Address Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A88814

Name in Full: Summerfield Benson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mountain — County: Prince Geo.

Date of death 1904 — Month: Oct. — Day: 25 — Age — Years: — Months: 2 — Days: —

Sex: male — Color or Race: Black — Birthplace: Md

Occupation: Farm — Where Residing if not at place of death: —

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Prince Benson — Father's Birthplace: Md

Mother's Maiden Name: Lydia Bray — Mother's Birthplace: Md

Name of person giving Information: Bruce Benson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Since Birth

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Taylor

Address: Md

Accident or Suicide?

Laurel

LIBRARY BUREAU A69516

Name in Full

Certificate of Death

Mrs Albert Lifer

Died at Clinton Town P.G. County MARYLAND

Date 1904 Month Oct 21 Day | Age Y. M. D. | Native of Md | Occupation House

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife —

Father's Name Ferdinand Fey

Mother's Maiden Name —

Cause of Death: Primary Miscarriage ? How long sick 8 hours

Immediate Exhaustion & shock from hemorrhage & internal rupture

Accident, ~~Suicide, Homicide~~

Reported by

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Margaret Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandenburg — County: Prince Georges

Date of death: 1904 Month: Oct Day: 20 — Age: Years: 69 Months: 9 Days:

Sex: Female — Color or Race: White — Birthplace: Scotland

Occupation: Home life — Where Residing if not at place of death: at place of death

Married, ~~Single or Widowed~~ — Name of Wife or ~~Husband~~: Thespalus A Butler

Father's Name: William Waddell — Father's Birthplace: Scotland

Mother's Maiden Name: Margaret Waddell — Mother's Birthplace: England

Name of person giving information: Mrs Carrie — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paracardites — How long: about 10 months

Immediate: Pericarditis — How long: about one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C a Fry

Address: Bellevue

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Johnson H. Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Takoma Park; County: Prince Georges

Date of death 1904: Month: Oct.; Day: 20; Age: Years: 64; Months: —; Days:

Sex: M; Color or Race: white; Birthplace: New York

Married, ~~Single~~ or ~~Widowed~~: Occupation: Mechanic

Name of Wife or ~~Husband~~: Almeda Bowen

Father's Name: Not living; Father's Birthplace:

Mother's Maiden Name: " "; Mother's Birthplace:

Name of person giving information: R. F. Gates; How related to deceased: Son in law

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystitis; How long: 3 months

Immediate: Heart failure; How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred V. Tarsons, M.D.

Address: Takoma Park

Accident or Suicide?

LIBRARY BUREAU A99818

Name in Full

Certificate of Death

Lucknow

Died at Westphalia Town P.G. County MARYLAND

Date 1904 Month Oct-28th Day | Age Y. 6 M. D. | Native of Md | Occupation Coree

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Dennis Brooks Mother's Maiden Name

Cause of Death: Primary Convulsions — How long sick 4 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Dennis Brooks

Address Westphalia

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Martha Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Meirsfield — County: Prince Georges

Date of death: Month: Oct — Day: 21 — 1904

Age: Years: 17 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: House Girl — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Brown — Father's Birthplace: Md

Mother's Maiden Name: Maggie Mathews — Mother's Birthplace: Md

Name of person giving Information: Roan Lancaster — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: about two weeks

Immediate: Typhoid Fever — How long: about 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C A Fox

Address: Bucksville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Burroughs.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Piscataway — County: Prince Georges

Date of death: 1904 — Month: 10 — Day: 26

Age — Years: — Months: — Days: 2

Sex: Female — Color or Race: Colored — Birthplace: Piscataway, Md.

Occupation: — Where Residing if not at place of death: Same place

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert. D. Burroughs. — Father's Birthplace: D.B. Md.

Mother's Maiden Name: Cora. Johnson. — Mother's Birthplace: " "

Name of person giving In formation: Robert. D. Burroughs. — How related to deceased: father

CAUSES OF DEATH

Primary: born with a cold. — How long:

Immediate: Exhaustion. — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ acting Coroner: William. H. Squires. J.P.

Address: Brandywine. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sophronya Butler

Died at: Town: Nottingham — Pr Geo County

Date of death: Month: Oct — Day: 7 — 1904

Age: Years: 8 — Months: 2 — Days: 20

Sex: Female — Color or Race: Colored — Birthplace: Pr Geo Co Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Rhinelder Butler — Father's Birthplace: Md

Mother's Maiden Name: Emily Mitchel — Mother's Birthplace: Md

Name of person giving Information: Robt Mitchel — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: Some time

Immediate: 20. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W.H.G. Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: Edwin Caswell

CERTIFICATE OF DEATH

MARYLAND

Died on: Town: Duvalls County: Prince Georges

Date of death 1904: Month: 10 Day: 14 Age: Years: 74 Months: — Days: —

Sex: Male Color or Race: White Birthplace: England

Married, ~~Single or Widowed~~: Married Occupation: Farmer

Name of Wife or ~~Husband~~: Sarah Smith Caswell

Father's Name: George Caswell Father's Birthplace: England

Mother's Maiden Name: Russell Mother's Birthplace: "

Name of person giving Information: Joseph H. Caswell How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy How long: 4 yrs.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Hewitt

Address: Piscataway - Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A0S516

Name in Full: Alice A. Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlboro. County: P G

Date of death 190 4: Month: 10 Day: 24 Age: Years: — Months: 3 Days: —

Sex: Female Color or Race: white Birthplace: Marlboro

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: J Ernest Davis Father's Birthplace: P G Co

Mother's Maiden Name: Mary E. Hall Mother's Birthplace: P G Co

Name of person giving In formation: J. E. Davis How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum How long: Don't know

Immediate: Exhaustion, Same as above How long: about

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: J. B. Griffith

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full Mary Elizabeth Dent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Piscataway — County: Prince George

Date of death 1904 — Month: 10 — Day: 27 — Age — Years: — — Months: — — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Md.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Samuel Dent — Father's Birthplace: Md.

Mother's Maiden Name: Annie E. Butler — Mother's Birthplace: Md.

Name of person giving Information: Annie Catharine Dent — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Infantile Convulsions — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Lyon M.D.

Address: Piscataway. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Fannie Edelin

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Forestville County: Prince George

Date of death: 1904 Month: Oct Day: 5

Age: Years 16 Months — Days —

Sex: Female Color or Race: Colored Birthplace: Md.

Occupation: Domestic Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Edelin Father's Birthplace: Md

Mother's Maiden Name: Barbara Smith Mother's Birthplace: Md

Name of person giving Information: David Edelin How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 3 weeks

Immediate: Hemorrhage How long: 1 hour.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Causbury

Address: Forestville Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full Geo Sobbins L Edwards

CERTIFICATE OF DEATH

MARYLAND

Died at Town Beltsville County Prince Geo

Date of death 1904 Month Dec Day 3 Age Years 80 Months Days

Sex female Color or Race White Birthplace Ohio

Occupation Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Geo Edwards

Father's Name Dont Know Father's Birthplace Ohio

Mother's Maiden Name " Mother's Birthplace "

Name of person giving Information "Lloyd V Moxley How related to deceased Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebral Hemorrhage How long 4 days

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician V L Berry

Address Hyattsville

Accident or Suicide?

LIBRARY BUREAU A23816

Name in Full: Rebecca Farmer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: T. B. — County: Prince George's

Date of death: Month: 10 — Day: 4 — Age: Years — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: T. B. Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Farmer — Father's Birthplace: Charles Co. Md.

Mother's Maiden Name: Rebecca Medley — Mother's Birthplace: T. B. "

Name of person giving Information: Gustavus Medley — How related to deceased: Uncle

CAUSES OF DEATH

Primary: Still born. — How long: 9'

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ acting Coroner, Wm. H. Squires Jr.

Address: Brandywine. Md.

Accident or Suicide?

LIBRARY BUREAU A88610

Name in Full: Emma Forst

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westphalia — County: P. Geo.

Date of death 190 4: Month: Oct — Day: 9 — Age: Years: 12 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: P. G. Co Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Frank Forst — Father's Birthplace: P. G. Co Md

Mother's Maiden Name: — Mother's Birthplace: P. G. Co "

Name of person giving information: Frank Forst — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 5 Wks

Immediate: Perforation of Bowels, Peritonitis — How long: 1 Dy

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. A. Griffith

Address: Upper Marlboro. Md

Accident or Suicide?

LIBRARY BUREAU A8S018

Name in Full: Lyons Hellingston Forest

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westphalia; County: P.G.

Date of death 1904: Month: 10; Day: 2

Age: Years: ; Months: 3; Days:

Sex: male

Color or Race: Black

Birthplace: P.G Co

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Ernest Forest

Father's Birthplace: P.G Co

Mother's Maiden Name: Mary Allyn

Mother's Birthplace: P.G Co

Name of person giving information: Ernest Forest

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis

How long: 1 wk

Immediate: Exhaustion

How long: 104

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. Griffith

Address: Upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: John W. Fowler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxen Hill — County: Prince Geo

Date of death 190 Month: Oct — Day: 15th

Age: Years: 73 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: m-d

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Mary E. Fowler

Father's Name: not Known — Father's Birthplace: m-d

Mother's Maiden Name: not Known — Mother's Birthplace: m-d

Name of person giving information: John Fowler — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis 98 — How long: several years

Immediate: Emphysema of lungs — How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Parker M.D.

Address: Rose Croft Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full Mary D. Garner

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Westphalia — County: Pr. Geo

Date of death 190 7 Month: Oct — Day: 30

Age: Years: 62 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Pr. Geo. Co Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Ex. Thos. Garner

Father's Name: Unknown — Father's Birthplace: P.G.Co

Mother's Maiden Name: — — Mother's Birthplace: P.G.Co

Name of person giving In formation: E T. Garner — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid fever & Pneumonia — How long: 10 days

Immediate: Valvular heart trouble — How long: 3 yrs

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L.A. Griffith

Address: Upper Marlboro, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Catharine M. Fritz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marlow Road County: Pr. Geo's

Date of death: Month: Oct. Day: 10th Year: 1904

Age: Years: 72 Months: Days:

Sex: Female

Color or Race: White

Birthplace:

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace: Germany

Mother's Maiden Name:

Mother's Birthplace: Germany

Name of person giving information:

How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis; Senile Debility How long: Several years

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. R. Walsh

Address: Anacostia, D.C.

Opinion Found D.C. Bank by M.C.R.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: George Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Zib. County:

Date of death 190 4: Month: 10 Day: 23

Age: Years: 21 Months: Days: 14

Sex: male Color or Race: Colored Birthplace: Md

Married, Single or Widowed: single Occupation: Laborer

Name of Wife or Husband: X

Father's Name: Robert - Hawkins Father's Birthplace: Md

Mother's Maiden Name: Mary Jackson Mother's Birthplace: Md

Name of person giving In formation: Ernest Smith How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis & Typho-Pneumonia How long: 3 weeks

Immediate: Heart failure How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox

Address: Zib. Md

Accident or Suicide?

LIBRARY BUREAU A36516

Name in Full: Susan Jane Henson

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Forestville — County: Prince George

Date of death 1904 — Month: 10 — Day: 23 — Years: 34 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: William H. Henson

Father's Name: Daniel Henson — Father's Birthplace: Md.

Mother's Maiden Name: Jane Stewart — Mother's Birthplace: Md.

Name of person giving In formation: Wm H. Henson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Endocarditis — How long: 4 mos.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. L. Lyght M.D.

Address: Piscataway Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A38816

Name in Full — Certificate of Death

Emily Day Hutchinson

Died at Hyattsville — Town — County Prince George — MARYLAND

Date 1904 — Month 10 — Day 12 — Age Y. 14 M. 1 D. 7 — Native of — Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Chas R Hutchinson — Mother's Maiden Name Emma Day

Cause of Death — Primary: Cirrhosis Colitis — How long sick 105 4 weeks

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by Gardiner

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Mesmonia L Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lakeland — County: Prince Geo

Date of death 1907 — Month: Oct — Day: 24 — Age — Years: 2 — Months: 2 — Days: 24

Sex: Female — Color or Race: Colered — Birthplace: Lakeland

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Charles Johnson — Father's Birthplace: D.C.

Mother's Maiden Name: Blanch Johnson — Mother's Birthplace: Md

Name of person giving Information: Charles Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mesmonia — How long: seven days

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.A. Willis

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Mrs E Kerfoot

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville County: Mont. Co.

Date of death: Month: Oct. Day: 7 1904

Age: Years: 64 Months: 1 Days: 27

Sex: Fem'l Color or Race: White

Birthplace: Clark Co Va.

Occupation: Cabinet Maker

Where Residing if not at place of death: 1303 Corcoran St. N.W.

Married, Single or Widowed: Married

Name of Wife or Husband: Elizabeth S. Kerfoot

Father's Name: Wm. E. Kerfoot

Father's Birthplace: Clark Co Va

Mother's Maiden Name: Sarah K. Kerfoot

Mother's Birthplace: " "

Name of person giving information: Bruce Bowie

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Val. Disease of Heart

How long: 6 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. Richardson

Address: Rockville Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forestville — County: Prince George — MARYLAND

Date of death: 1904 — Month: Oct — Day: 10 — Age: Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: —

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: William Clocks — Father's Birthplace: Md.

Mother's Maiden Name: Nellie Walker — Mother's Birthplace: Md.

Name of person giving information: William Clocks — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long: —

Immediate: Still Born — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sansbury

Address: Forestville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: William L. Knotts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Hill; County: Pr. Geo. Co.

Date of death 1904: Month: 10; Day: 21

Age: Years: —; Months: 1; Days: 8

Sex: male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: William Knotts; Father's Birthplace: Md

Mother's Maiden Name: Annie B. Carlin; Mother's Birthplace: Md

Name of person giving information: William Knotts; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus; How long: 3 months

Immediate: Exhaustion; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson, M.D.

Address: Rosecroft, Md.

Accident or Suicide:

LIBRARY BUREAU A8A816

Name in Full: Alma Loveless

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandywine; County: Pr. Geo

Date of death: Month: October; Day: 6; 1904

Age: Years: ; Months: 3; Days:

Sex: Female

Color or Race: White

Birthplace: Brandywine Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Owen Loveless

Father's Birthplace: Md

Mother's Maiden Name: Mary Baden

Mother's Birthplace: Md

Name of person giving information: Owen Loveless

How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition

How long: 6 weeks

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John A. Coe

Address: Z.B. Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

John H. Lowe

Died at Town Ellis Home County Q. A. MARYLAND

Date 1904 Month Oct Day 10th | Age Y. 75 M. — D. — | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living Three

Husband of Wife Lizzie Lowe

Father's Name Unknown | Mother's Name Unknown

Cause of Death: Primary Bright's disease | How long sick 3 mos

Immediate exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. L. Downing 1/20

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary Maclain

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Aquasco County: Prince George

Date of death: Month: Oct Day: 2 Year: 1904 Age: Years: 20 Months: Days:

Sex: Female Color or Race: Mulatto Birthplace: Maryland

Occupation: Housemaid Where Residing if not at place of death: Washington D.C.

~~Married~~, Single or ~~Widowed~~ Name of ~~Wife or~~ Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred. Maclain Father's Birthplace: Alabama

Mother's Maiden Name: Jane Broom Mother's Birthplace: Maryland

Name of person giving Imformation: Garfield, MacLane How relative ~~deceased~~: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption How long: one year

Immediate: Bronchial inflammation How long: a month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. A. Marbury M.D.

Address: Aquasco. Maryland.

Accident or Suicide?

LIBRARY BUREAU A6851O

Name in Full

Certificate of Death

Nicholas a. Osborne.

Died at Town: Westphalia County: Prince Georges. MARYLAND

Date 1904 Month: 10 Day: 25 | Age Y.: 82 M.: - D.: - | Native of: Md | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name: Levi Osborne | Mother's Maiden Name: Charlotte Tabburtt.

Cause of Death — Primary: debility from old age - | How long sick: 4 months.

Immediate: Exhaustion 15th | ~~Accident, Suicide, Homicide~~

Reported by Marcus W. Hume M. D.

Address Upper Marlboro. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Alfred Plummer — Certificate of Death

Died at Hyattsville — Town — Prince Georges — County — MARYLAND

Date 19 24 — Month Oct. — Day 11 — Age Y. 21 M. D.

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ — Occupation Laborer

Number of children living

Husband of Wife

Father's Name Sandy Plummer — Mother's Maiden Name Francis Plummer

Cause of Death — Primary Phthisis Pulmonalis — How long sick 6 Months

Immediate

Accident, Suicide, Homicide

Reported by J. A. Richardson M.D.

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Seabrook — County: P. G.

Date of death 1904 — Month: Oct — Day: 22 — Age: Years — Months — Days: 9 Mos

Sex: Male — Color or Race: White — Birthplace: Seabrook

Married, Single or Widowed — Occupation: None

Name of Wife or Husband

Father's Name: Howard Reifsnider — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Emma Mottmann — Mother's Birthplace: Pennsylvania

Name of person giving In formation: E. Reifsnider — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Lobar — How long: 5 1

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Darnall M.D.

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU ARMA

Name in Full: James R. Reily

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: College Park; County: Prince George

Date of death: Month: Oct; Day: 12; Year: 1904

Age: Years: 69; Months: 6; Days: 9

Sex: Male

Color or Race: White

Birthplace: York. Pa.

Occupation: Physician Retired

Where Residing if not at place of death:

Married, Single or ~~Widowed~~

Name of Wife or ~~Husband~~: Alice M. Pywell

Father's Name: James. R. Reily Sr

Father's Birthplace: Penna

Mother's Maiden Name: Louisa McClellan

Mother's Birthplace: Penna

Name of person giving Information: James Ross Reily

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: 36 hours

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. O. Etienne

Address: Berwyn. Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Isaac B. Ruff

CERTIFICATE OF DEATH

MARYLAND

Town: Laurel | County: Prince Georges

Died at

Date of death: Month: Oct. | Day: 25 | Year: 1904 | Age: Years: 66 | Months: 6 | Days: 8

Sex: Male | Color or Race: White | Birthplace: Ohio

Occupation: Govt. Clerk | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Lizzie W. Ruff.

Father's Name: Samuel Ruff | Father's Birthplace:

Mother's Maiden Name: Mary | Mother's Birthplace:

Name of person giving information: F. H. Knowlton | How related to deceased: Son-in-law.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Diarrhoea | How long: Many Years.

Immediate: Intestinal Hemorrhage. | How long: 6 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. R. Lynch M.D.

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

Name in Full Robert Francis Ryon

MARYLAND

Died at Town: Forestville — County: Prince George

Date of death: 1904 — Month: Oct — Day: 11 — Age: Years 67 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~ ~~Husband~~: Married — Name of Wife or ~~Husband~~: Catherine A Ryon

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Basil Ryon — Father's Birthplace: Md

Mother's Maiden Name: — — — — Mother's Birthplace: —

Name of person giving information: Milton Ryon 120 — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease — How long: 1 year

Immediate: Heart Trouble — How long: 3 Mos

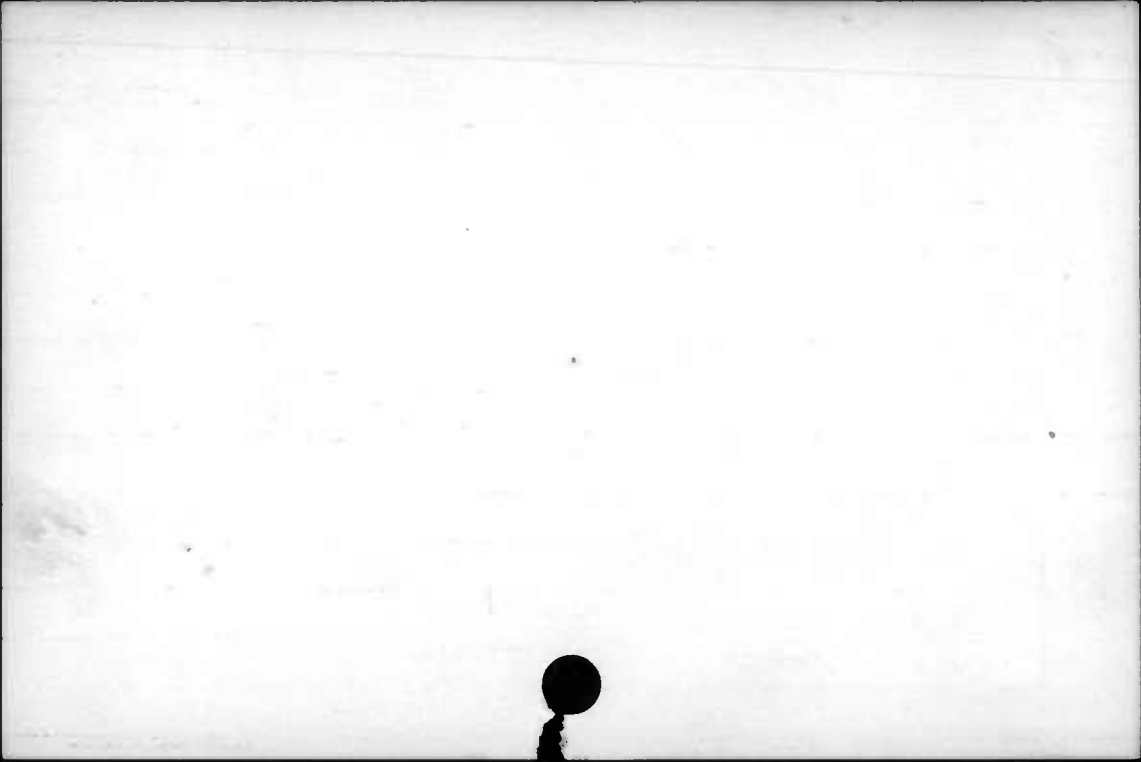
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sandy

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A68816



Name in Full: John Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Laurel; County: Prince Geo., Co., Md.

Date of death: Month: Oct'; Day: 6th; Year: 1904; Age: Years: 42; Months: 3; Days: 4

Sex: Male. Color or Race: White. Birthplace: Laurel Md.

Occupation: Well digger. Where Residing if not at place of death:

Married, Single or Widowed: Married. Name of Wife or Husband:

Father's Name: Samuel Jones Smith. Father's Birthplace: Laurel Md.

Mother's Maiden Name: Mary Brown. Mother's Birthplace: Highland Md.

Name of person giving In formation: Edith Smith. How related to deceased: Daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Rheumatism. How long: 2 wks 4 yrs

Immediate: Brights disease. How long: one year.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. E. E. Thorn.

Address: Laurel Prince Geo., Co. Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Katherine Smith.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Upper Marlboro' — County: Prince George's.

Date of death 190: Month: 10 — Day: 11 — Age: Years: 65 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland.

Married, Single or Widowed: Widow — Occupation: Housewife.

Name of Wife or Husband: Richard Smith

Father's Name: Horace Jones — Father's Birthplace: Md.

Mother's Maiden Name: Avry Clark — Mother's Birthplace: Md.

Name of person giving information: Lewis Smith. — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis. — How long: One Year.

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Marcus D. Humes.

Address: Upper Marlboro' Md.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Jordan L. Stanley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kendale County: Prince George

Date of death: Month: Oct Day: 24 Year: 1904 Age: Years: about 72 Months: Days:

Sex: male Color or Race: white Birthplace:

Occupation: Clerk in Gov. Office Where Residing if not at place of death:

Married, Single or Widowed: divorced Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Valvular diseased Heart How long:

Are the name, age, sex, color, date and place correctly given above? as near as possible

Signature of Physician: J. M. Duvall

Address: Springfield Md

Accident or Suicide? Natural death

Robert G. Reese, D.D.

LIBRARY BUREAU A8351

Name in Full: Edith Suit

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Westphalia (County) Prince George

Date of death 1904 (Month) Oct (Day) 3 (Years) Age 3 (Months) — (Days) —

Sex Female | Color or Race White | Birthplace Md

Occupation — | Where Residing if not at place of death —

Married, Single or Widowed Single | Name of Wife or Husband —

Father's Name Jackson J Suit | Father's Birthplace Md.

Mother's Maiden Name Mamie Harvey | Mother's Birthplace Md.

Name of person giving Information James Beall | How related to deceased None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Scarlet Fever | How long 13 days

Immediate Gangrene | How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John E Lansbury

Address Forestville Md.

Accident or Suicide —

LIBRARY BUREAU A88816

Name in Full: Eliza Tenley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millwood — County: Prince George

Date of death: Month: Oct — Day: 21 — Year: 1904

Age: Years: 50 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~: widow — Name of ~~Wife or~~ Husband: George Tenley

Father's Name: Warren White — Father's Birthplace: Md

Mother's Maiden Name: Bessie Wheat — Mother's Birthplace: Md

Name of person giving information: Georg[illegible] Tenley — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 4 weeks

Immediate: Pulmonary Engorgement — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: John E. Lansberry

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Lewis W. Tippett

Died at Town Tippetts County P.G. MARYLAND

Date 1904 Month Oct Day 24 | Age Y. 25 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Lewis Tippett | Mother's Maiden Name — Dean

Cause of Death: Primary Consumption — How long sick 1 year

Immediate — ~~Accident, Suicide, Homicide~~

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Reported by J. L. Davis

Address Tippetts

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Katherine Halsh.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville; County: P. G.

Date of death 1904	Month	Day	Age	Years	Months	Days
	Oct	26		3	—	—

Sex: Female | Color or Race: White | Birthplace: England.

Occupation: | Where Residing if not at place of death:

Married, Single or ~~Widowed~~: | Name of Wife or Husband: —

Father's Name: Mamatthall Halsh | Father's Birthplace: England

Mother's Maiden Name: Alisa Gath. | Mother's Birthplace: England

Name of person giving information: Father | How related to deceased: parent.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burn over nearly entire body | How long: ten hours

Immediate: Shock | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU A8831G

Name in Full: Rose Warner

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Millers L (County) Prince Geo's

Date of death: Month Oct, Day 11, 1904 — Age: Years 27, Months —, Days —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Servant — Where Residing if not at place of death: at millers L

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Lucy Warner — Father's Birthplace: Md

Mother's Maiden Name: Jane H. Johnson — Mother's Birthplace: Md

Name of person giving information: Rosa Lancaster — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: about 2 years

Immediate: Hemorrhage Lungs — How long: about 30 min

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. C. A. Fox

Address: Bowie Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John Washington

CERTIFICATE OF DEATH

Died at: Town: Summerseat Heights — County: Prince Georges (?) — MARYLAND

Date of death: Month: Oct. — Day: 2nd — Years: 121 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Unknown

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name — Father's Birthplace: Unknown

Mother's Maiden Name — Mother's Birthplace: "

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma — How long: 10 days.

Immediate: Asthenia — How long:

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. H. Price

Address: 1128 - G St. N.E.

Copied from D.C. Death Book

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph Wilson Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Crown — Town: — County: Pr Geo

Date of death	Month	Day	Years	Months	Days
1904	Oct	27	Age		10

Sex: Female — Color or Race: Colored — Birthplace:

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Charles Wilson — Father's Birthplace: P.G. Co Md

Mother's Maiden Name: Mary Roberson — Mother's Birthplace: P.G. Co Md

Name of person giving information: Charles Wilson — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Gibbons

Address: Crown md

Accident or Suicide?

LIBRARY BUREAU A88516